

Iowa

Data as of July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in Iowa

As of July 2003, 288,085 people were covered under Iowa's Medicaid and SCHIP programs. There were 258,690 enrolled in the Medicaid program, 13,751 enrolled in the Medicaid SCHIP Expansion program, and 15,644 enrolled in the Separate SCHIP program. In state fiscal year 2000, Iowa spent \$605 million to provide Medicaid services.

In Iowa low-income children may be enrolled into the Medicaid program, Medicaid SCHIP Expansion Program, or a Separate SCHIP program.

- The Medicaid program serves all children under age 1 from families with incomes of 185% FPL or less; all children age 1-6 from families with incomes of 133% FPL or less, and all children age 6-18 from families with incomes of 100% FPL or less.
- The Medicaid SCHIP Expansion Program serves infants from families with incomes from 185-200% FPL, and children aged 6-18 from families with incomes from 100-133% FPL.
- The Separate SCHIP program serves all children aged 1-18 from families with incomes from 200% FPL or less who do not qualify for Medicaid. Families between 150-200% FPL pay a \$10 per member per month premium up to a maximum of \$20.

In Iowa, all beneficiaries receive all mental health and substance abuse services are delivered through a Prepaid Inpatient Health Plan (PIHP) that delivers only behavioral health services.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low income families with children that would have qualified for the state's AFDC program as of July 16, 1996
2. Pregnant and Infants from low-income families with incomes up to 185% FPL,
3. Children aged 1-6 years from families who make 133% FPL or less
4. Children aged 6-18 from families who make 100% FPL or less.
5. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

Aged, Blind, and Disabled

1. All individuals who meet the federal definition of disability and who earn no more than 100% FPL.¹
2. All individuals between the ages of 16 and 64 who meet the SSI definition of disability and have a family income of 250% FPL or less. Those with income over 150% FPL must pay a premium, that varies in amount based on family income.
3. Aged, Blind and Disabled individuals, or children under 21 who have been in institutions for at least 30 consecutive days with family incomes up to 300% of SSI.
4. Aged, Blind, and Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.

Medically Needy

1. Pregnant women
2. Children under age 21

¹ Coverage to 100% FPL was authorized under 1902(r)2.

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3. Aged, Blind, and Disabled
4. Caretaker relatives

Waiver Populations

Iowa has 1115 waivers, but does not use them to expand eligibility for behavioral health services.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service Idaho Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Idaho must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient Mental Health/Substance Abuse	Mental health and substance abuse services provided in a general hospital	<ul style="list-style-type: none">• Must be medically necessary• All non-emergency admissions must be prior authorized by the Medicaid agency or its designated agent.

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Psychiatric and Substance Abuse Care	<ul style="list-style-type: none">• Mental health and substance abuse services provided in an outpatient hospital setting, including<ul style="list-style-type: none">- therapy,- partial hospitalization,- Day treatment.• Specific opioid treatments, such as methadone and/or LAAM are not covered.	<ul style="list-style-type: none">• A beneficiary may not receive more than the following amounts of service<ul style="list-style-type: none">- 28 days of outpatient services unless documentation indicates that the patient has not reached an exit level.- If an individual has completed all or part of the basic 28-day program, a repeat of the program will be reimbursed with justification.- Partial hospitalization is limited to 4-8 hours per day.- Day treatment sessions are limited to 3-5 hours per day, 3-4 times per week.- Outpatient psychiatric day treatment programs that consist entirely of activity therapies are not covered.
Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)	Mental health and substance abuse services provided by an FQHC or RHC	<ul style="list-style-type: none">• Service, including mental health and substance abuse services provided by an FQHC or RHC must meet the same coverage requirements as those provided by another type of provider.

Physician Services		
Service	Description	Coverage Requirements

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Physician Services	Physicians may provide Medicaid-covered mental health and substance abuse services that are within their scope of practice as defined in state law.	Services must be within the physician's scope of practice and meet the same coverage requirements as those provided by another type of provider.
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Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
Day Treatment and Partial Hospitalization	Day treatment services shall be provided by hospitals with outpatient programs, psychiatric medical institutions for children, and community mental health centers.	<ul style="list-style-type: none"> The beneficiary must be under age 21. The services must be needed to treat or ameliorate a condition identified in an EPSDT screen. All beneficiaries receiving day treatment or partial hospitalization must meet level of care criteria and have an active individual plan of treatment. Beneficiaries may not receive more than the following amounts of service without receiving approval from the Medicaid agency's exception process: <ul style="list-style-type: none"> 180 day treatment days 15 hours of day treatment services per week, 25 hours of partial hospitalization per week
Rehabilitative Treatment Services	<ul style="list-style-type: none"> Mental health and substance abuse services authorized after an assessment that includes: <ul style="list-style-type: none"> Psychiatric assessment Psychological assessment Social assessment Education assessment Medical assessment Court-ordered assessment Other developmental assessments Treatment Services include: <ul style="list-style-type: none"> Therapy and counseling services Psychosocial evaluation Social skills development Family Skills Development Restorative Living Skills Development 	<ul style="list-style-type: none"> The beneficiary must be under age 21. The services must be needed to treat or ameliorate a condition identified in an EPSDT screen. Services must be authorized by a physician or licensed practitioner of the healing arts All rehabilitative treatment services must: <ul style="list-style-type: none"> Be directed toward treatment of the Medicaid-eligible child, Be determined medically necessary and reasonable, and Be a specific and effective treatment for a child's medical or disabling condition that meets accepted standards of medical and psychological practice. Rehabilitative treatment services providers may include the following providers: community mental health centers, outpatient hospitals, child placing agencies, child caring agencies, physicians, or purchase of service contractors authorized by the Department of Human Services.

Optional State Plan Services

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Psychologist	Services provided by a licensed psychologist	<ul style="list-style-type: none"> Can be provided by independent practitioner or a psychologist employed by a physician, hospital, home health agency, rural health clinic, federally qualified health center or community mental health center or an area education agency. Services provided by a psychologist must be

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Other Licensed Practitioners		
Service	Description	Coverage Requirements
		within the psychologist's scope of practice and must meet the same coverage requirements as those provided by another type of provider.
Social Worker.	Services provided by a licensed social worker	<ul style="list-style-type: none"> Covered only if provided by a social worker employed by a physician, hospital, home health agency, rural health clinic, federally qualified health centers, or community mental health center Services provided by a social worker must be within the providers scope of practice and must meet the same coverage requirements as those provided by another type of provider.
Area Education Agency	Direct services to an individual and direct services to an individual in a group for therapy services, including psychological services.	<ul style="list-style-type: none"> The service must be within the scope of practice of the provider and those provided in another setting.

Clinic Services		
Service	Description	Coverage Requirements
Community Mental Health Centers	Services provided by mental health centers which meet the standards for mental health centers in the state of Iowa, including: <ul style="list-style-type: none"> Therapy Day Treatment 	<ul style="list-style-type: none"> Services must be medically necessary services provided under the supervision of a board-eligible or board-certified psychiatrist, with the following exceptions: <ul style="list-style-type: none"> Services of a staff psychiatrist, or Services rendered by psychologists meeting the requirements of the National Register of Health Service Providers in Psychology, or Services provided by a staff member eligible for payment for performing a preliminary diagnostic evaluation for voluntary admission to one of the state mental health institutes. Each patient must have an initial evaluation completed including at least one personal interview with the psychiatrist. Services must be provided as part of an active plan of treatment. Treatment plan must be developed through team consultations. Treatment plans are reviewed every four months. Anyone in need of more than 5 sessions must have a treatment plan. Day treatment sessions for adults shall be limited to three to five hours per day, three or four times per week

Inpatient Psychiatric Services (for persons under the age of 21)		
Service	Description	Coverage Requirements
Inpatient psychiatric services for persons under age 22	Services provided in a licensed psychiatric hospital	<ul style="list-style-type: none"> In addition to psychiatric hospitals, inpatient services can also be provided by psychiatric medical institutions for children under a non-hospital license. All admissions must meet level of care criteria and be prior authorized by the Medicaid agency or its designated agent.

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Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	<ul style="list-style-type: none">• The purpose of these services is to assist eligible individuals to gain access to needed medical, social, educational, and mental health and other services.• Services include:<ul style="list-style-type: none">- Assessment,- development and monitoring of treatment plan,- helping clients access services,- crisis assistance	<ul style="list-style-type: none">• Services are available to people<ul style="list-style-type: none">- with chronic mental illness, mental retardation, developmental disability, or chronic mental illness.- who have functional limitations and lack the ability to independently access and sustain involvement in necessary services.• This target group does not include persons residing in ICF-MRs• There is no limitation on length of service.

SCHIP Medicaid Expansion Program

Who is Eligible for the Medicaid SCHIP Expansion Program?

The Medicaid SCHIP Expansion Program serves infants from families with incomes from 185-200% FPL, and children aged 6-18 from families with incomes from 100-133% FPL.

What Mental Health/Substance Abuse Services are Covered by the Medicaid SCHIP Expansion Program?

The Medicaid SCHIP Expansion Program in Iowa covers the same mental health and substance abuse services as the Medicaid program, described earlier in this report.

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

The Separate SCHIP program serves all children aged 1-18 from families with incomes from 133-200% FPL. Families between 150-200% FPL pay a \$10 per member per month premium, with \$20 being the maximum.

What Mental Health/Substance Abuse Services are Covered by the Separate SCHIP Program?

Benefits in Separate SCHIP programs must be actuarially equivalent to a benchmark selected by the State, among federally established options. In Iowa the benefit package must be at least actuarially equivalent to the package of benefits provided to state employees. Coverage specifics for mental health and substance abuse services that would meet that benchmark are identified here.

Benefits vary according to the health plan for which the child is enrolled.

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Iowa Health Solutions

Mental Health		
Service	Description	Coverage Requirements
Inpatient	Mental health services provided in an inpatient hospital setting	Up to 60 days per calendar year covered when the services are medically necessary for the diagnosis and treatment of the participant's condition
Outpatient	Mental health services provided in any setting other than an inpatient hospital	Up to 20 visits per calendar year covered when the services are medically necessary for the diagnosis and treatment of the participant's condition

Substance Abuse		
Service	Description	Coverage Requirements
Inpatient and outpatient	Substance abuse services provided in any setting	<ul style="list-style-type: none"> Up to \$9,000 per calendar year/\$39,000 lifetime limit for inpatient and outpatient. Specific opiod treatments, such as methadone and/or LAAM are covered, up to the dollar limits.

Wellmark Blue Cross Blue Shield

Mental Health		
Service	Description	Coverage Requirements
Inpatient	Mental health services provided in an inpatient hospital setting	Up to 30 days per calendar year covered when the services are medically necessary for the diagnosis and treatment of the participant's condition. (Combined with substance abuse).
Outpatient	Mental health services provided in any setting other than an inpatient hospital	Up to 30 visits per calendar year covered when the services are medically necessary for the diagnosis and treatment of the participant's condition. (Combined with substance abuse).

Substance Abuse		
Service	Description	Coverage Requirements
Inpatient	Substance abuse services provided in an inpatient hospital setting	Up to 30 days per calendar year covered when the services are medically necessary for the diagnosis and treatment of the participant's condition. (Combined with mental health).
Outpatient	Substance abuse services provided in any setting other than an inpatient hospital	Up to 30 visits per calendar year covered when the services are medically necessary for the diagnosis and treatment of the participant's condition. (Combined with mental health).

John Deere Health Plan

Mental Health		
Service	Description	Coverage Requirements
Inpatient	Mental health services provided in an inpatient hospital setting	Up to 30 days per calendar year covered when the services are medically necessary for the diagnosis and treatment of the participant's condition.
Outpatient	Mental health services provided in any setting other than an inpatient hospital	Up to 20 visits per calendar year covered when the services are medically necessary for the diagnosis and treatment of the participant's condition

Substance Abuse		
Service	Description	Coverage Requirements
Inpatient	Substance abuse services provided in an inpatient hospital setting	Up to 30 days per calendar year covered when the services are medically necessary for the diagnosis and treatment of the participant's condition.
Outpatient	Substance abuse services provided in any setting other than an inpatient hospital	Up to 20 visits per calendar year covered when the services are medically necessary for the diagnosis and treatment of the participant's condition.

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